

Agency No. _____

CORRECTIONS OR ADDITIONS TO CAPITAL ASSET RECORDS

 Name and Division of State Agency

 Date

Add												
Change												
Transfer												
PROPERTY NUMBER	ORIG CITY	ORIG DEPT	ORIG ROOM	CITY	DEPT	BLDG	ROOM	SUB OBJ	SRC CDE	ACQ DATE	COST	DESCRIPTION

 Inventory Employee

 Agency Authorized Person

 Date

DISTRIBUTION: For a transfer or sale to another agency, prepare two copies and send one to the other agency.

INSTRUCTIONS: For corrections, check the box marked change and fill in only those columns that need to be corrected.